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School Recommendation

Please return this completed recommendation along with a signed official transcript to: STEM@ucf.edu

If the official transcript cannot be emailed, please mail to:
Initiatives in STEM
University of Central Florida
P.O. Box 162993
Orlando, FL 32816-2993

Select Summer Program:

- Biology
- Computer Science
- Competitive Programming
- Mathematics
- Camp Connect Advanced

Student: Complete the top portion of this form, then pass it on to your college advisor, guidance counselor, principal, teacher, or school representative. **This form MUST be accompanied by an official high school transcript.**

Name: Last _____ First _____ MI _____ Last Four SS#: _____

Student Email: _____ Student Phone: _____

School Name: _____

City: _____ County: _____ State: _____

I authorize the release of the requested information to the Summer Institute at the University of Central Florida.

Student Signature: _____ Date: _____

The following portion is to be completed by a school official (guidance counselor, advisor, teacher.) This form must be sent along with a **copy of the student's high school transcript** directly to STEM@ucf.edu from the school official's professional email account. The high school transcript should be signed by the school official and must include mid-term grades and a report of PSAT, SAT, or ACT scores. HOMESCHOOL STUDENTS must submit curriculum documentation.

School Official Name: _____

School Phone: _____ Email: _____

How long have you known the student and in what capacity? _____

Current unweighted GPA: _____ on a _____ scale **Class rank:** _____ out of _____ students

Most recent SAT, PSAT, or ACT scores, if applicable:

SAT: Date _____ Math _____ Verbal _____

PSAT: Date _____ Math _____ Verbal _____ Section Index (SI) _____

ACT: Date _____ Math _____ Composite _____

Signature _____ Date _____